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Substitute for Form PTO-875

Application or Docket Number
10-668, 626

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)		FEE (\$)
X	=	
X	=	
TOTAL		

SMALL ENTITY	
RATE (\$)	FEE (\$)
X	=
X	=
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total (37 CFR 1.16(s))	25	Minus	31	=
Independent (37 CFR 1.16(u))	2	Minus	4	=	—
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(u))					

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
1. _____ =	
2. _____ =	
TOTAL ADDITIONAL FEE	

SMALL ENTITY		
	RATE (\$)	ADDITIONAL FEE (\$)
OR	/	=
OR	/	=
OR		
OR	TOTAL ADDL FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(n))	*	Minus	**		=
Independent (37 CFR 1.16(n))	*	Minus	***		=
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE INDEPENDENT CLAIMS					

RATE (\$)	ADDITIONAL FEE (\$)
1	
2	
TOTAL	
ADDITIONAL FEE	

	RATE (\$)	ADDITIONAL FEE (\$)
CR	✓ "	
OR	✓ "	
CR		
CR	12.14; ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write 16 in column 2.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter:

The Highest Number Previously Paid For IN THIS SPACE is less than 3 enter

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to determine if a benefit is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 42 and 37 CFR 1.15. The collection is estimated to take 15 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. If you are a dependent inventor, you may wish to complete the amount of time you require to complete this form and/or suggestions to modify the form should be sent to the Intellectual Property Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-368-5868.